

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000032839

FILED
Apr 08, 2008
Secretary of State

Entity Name: BACK PAIN INSTITUTE OF PORT CHARLOTTE, LLC

Current Principal Place of Business:

1509 SW 44TH STREET
CAPE CORAL, FL 33914

New Principal Place of Business:

2496 CARING WAY
SUITE B
PORT CHARLOTTE, FL 33952

Current Mailing Address:

1509 SW 44TH STREET
CAPE CORAL, FL 33914

New Mailing Address:

FEI Number: 20-8766607 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

STOKES, STEPHEN D
1509 SW 44TH STREET
CAPE CORAL, FL 33914 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: STOKES, STEPHEN D
Address: 1509 SW 44TH STREET
City-St-Zip: CAPE CORAL, FL 33914

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: STEPHEN D. STOKES

MGRM

04/08/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date